

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
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28		4				
29		2				
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42		2				
43		2				
44		2				
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49		/				
50		/				
TOTAL IND.	←		←		←	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

51		/				
52		/				
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100						
TOTAL IND.	14		←		←	
TOTAL DEP.		67		←		←
TOTAL CLAIMS						